

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4813).

FEE TRANSMITTAL for FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1050.00

Complete if Known

Application Number	10/526,530
Filing Date	March 2, 2005
First Named Inventor	Terry Wayne Lockridge, et al.
Examiner Name	Jonathan V. Lewis
Art Unit	2623
Attorney Docket No.	PU020414

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>
_____ - 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		
	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	_____	_____

3. APPLICATION SIZE FEE

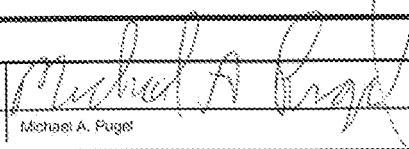
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
.....	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Amendment and Response w/Request for Extension of Time	1050.00
Total:	1050.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	57,365	Telephone	217-587-4027
Name (Print/Type)	Michael A. Puget	Date	August 6, 2008		